

Editorial

Critical Care – 10 years on

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Published: 14 February 2006

This article is online at <http://ccforum.com/content/10/1/120>

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Critical Care 2006, **10**:120 (doi:10.1186/cc4844)

When *Critical Care*'s first issue was published we were on the brink of the electronic revolution. In the same year the number of online websites reached 1 million (a mere fraction of the vast resources now available) and for the first time more e-mails were sent than letters [1]. The Internet was swiftly seeping into mainstream use. The initial concept behind *Critical Care* was to make the most of this emerging resource and utilize the Internet as a platform for sharing of ideas, discussion and education within the intensive care community [2]. The *Critical Care Forum* website was launched alongside its accompanying journal *Critical Care*. Now in our 10th year of publication, the website and journal have evolved into a single entity – *Critical Care* – which continues to strive to make the most of the ongoing 'e-revolution'.

Since its launch *Critical Care* has been a dynamic force in the intensive care community, continually evolving and growing to meet the needs of our ever-increasing audience and to make the most of what the Internet has to offer. Ten years later, we have made the decision that all articles published in the journal (from volume 10 onward) will appear online only. This is a reflection of the increasing popularity of online articles over the printed journal and the way in which most readers find articles of interest. With the continuing development of faster and more user-friendly Internet search engines, most readers identify articles of interest using online tools such as PubMed [3], from which they can link directly to their chosen article in *Critical Care*, rather than browsing through print issues. Online articles also have much more to offer than the printed version. While browsing the full-text of any *Critical Care* article, readers can link to the PubMed record, find articles in PubMed published by the same authors or on related topics, or find articles in which that article is cited. In addition, readers can e-mail the article to a friend, download the references, link straight from a reference to its PubMed listing, or 'post a comment' if they would like to add their point of view. In particular, this latter facility allows *Critical Care* to continue to serve as a forum for discussion. We are not alone in our movement away from print; this is a trend being mirrored by many journals in different fields and

by a number of endeavours to make millions of books available online [4]. On a lighter note, there is now so much literature available for intensivists that online journals offer a practical, space-saving alternative to bulging libraries!

Right from the start, one of *Critical Care*'s central aims has been to provide access to the latest research as quickly as possible. We provide our authors with a rapid yet thorough peer review service despite ever-increasing numbers of submissions; in 2005 our average time from submission to first decision for research articles was 31 days. Research articles are currently published within 4 weeks of acceptance; however, later this year we will begin publishing all research articles as soon as they are accepted. Research will be instantly available on the Internet, allowing rapid dissemination and bringing your article to its intended audience as quickly as possible. In addition, articles will have their final citation and be listed in PubMed on the day of acceptance – a service not currently offered by any of our competitor journals. The accepted version of the manuscript will be replaced with a fully copy-edited and formatted version within 4 weeks of acceptance, and in the meantime the accepted PDF document will be displayed with a coversheet, which explains the temporary formatting of the accepted version.

Since 2000 *Critical Care* has taken advantage of the potential of the Internet to allow rapid and wide-reaching communication with our continuing commitment to open access to research articles. Open access articles are freely accessible to anyone with an Internet connection, and so the potential audience for research published in *Critical Care* is vast. This point is easily illustrated by the article by Bellomo and coworkers on acute renal failure [5], which, in less than 2 years since publication, has been accessed more than 27,500 times and cited in 28 other articles. Open access is advantageous not only for our authors but also for our readers, who can access primary research as soon as it is published without facing traditional subscription barriers. In addition, all articles are archived in a number of open access repositories, including PubMed Central, to ensure

permanence. Last year the open access movement received further endorsement when new policies from a number of major funding bodies – including the US National Institutes of Health, the Wellcome Trust and the Research Councils UK – came into effect. These funding bodies now request that all research articles resulting from their funding are archived in an open access repository. *Critical Care* remains the only journal in our field committed to open access for all research articles. Our current impact factor of 3.21 (ranking us third in the field) proves that *Critical Care* – an online, open access journal – can compete alongside the older, more established, traditional society journals.

Critical Care has continued with its initial mission set out 10 years ago, namely to serve as an educational online forum, and it now publishes a wide range of articles to meet the needs of a large and varied audience. Our content includes informative reviews by leading authorities in the field; pro/con ethics debates, in which two authors discuss their opposing opinions on handling a specific clinical scenario; commentaries, which highlight interesting research in *Critical Care* and other journals; and statistical reviews, which aim to provide a simple introduction or refresher of some of the more commonly used statistical tools and ideas. More recently, we have begun to host journal club critiques from the University of Pittsburgh evidence-based medicine journal club, which use the principles of evidence-based medicine to evaluate articles critically and to assess whether the results of the study will change clinical practice [6]. Our thematic series continue to thrive and, most recently, in response to global events, we published a series on disaster management specific to Hurricane Katrina edited by David Crippen [7]. This series comprises a range of editorials, commentaries and reviews that discuss the lessons that can be learned from the Hurricane Katrina experience, and provides useful information for clinicians and authorities planning for and coping with the aftermath of major natural disasters [8].

As we celebrate 10 years of publication we look forward to the next decade, in which we hope to continue to evolve and make the most of what the Internet has to offer, and so provide our readers and authors with the most relevant literature and up-to-date services.

Competing interests

CH is an employee of BioMed Central and receives a fixed salary. JLV is Editor-in-Chief of *Critical Care* and receives an annual honoraria.

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